

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/089259 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		O	O	O
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.			
1	/				51		
2	/				52		
3	/				53		
4	/				54		
5	/				55		
6	/				56		
7	/				57		
8					58		
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43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	3	J	3	J	TOTAL IND.		
TOTAL DEP.	13	J	13	J	TOTAL DEP.		
TOTAL CLAIMS	16				TOTAL DEP.		